

Membership Application



Bichon Frise Club of Northern California

MEMBER OF THE AMERICAN KENNEL CLUB

Name _____ Date of Birth: Month _____ Day _____

Occupation _____ Phone _____ Email _____

Name _____ Date of Birth: Month _____ Day _____

Occupation _____ Phone _____ Email _____

Type of Membership desired: Individual _____ Family: _____



1. How many years have you been involved with Bichons? _____

2. Were you involved with the sport of purebred dogs prior to owning a Bichon? _____

If so, please state which breeds and the extent of your interest _____

3. If you show, have you always been in good standing with the American Kennel Club? _____

4. If you use a kennel name, please state the name. _____

5. Have you ever been refused membership, suspended, or expelled from any dog club or AKC? _____

If yes, please explain the circumstances on a separate sheet of paper and attach it to this application.

6. Have you held office or served on any committees of any dog club? If yes, please list.

7. If applicable, please check the areas where you have some experience at dog shows?

Judging? _____ Stewarding? _____ Grooming? _____ Handling? _____

Committee work? _____ Other: _____



8. Do you have any special talents or abilities that you would be willing to share with the Club? _____
(i.e. artist, typist, computer skills, accountant, lawyer, etc?) _____

9. Are you willing to contribute to the Club's activities by attending our general membership meetings held every other month in Sacramento, supporting our Specialties through entries, catalog advertising, trophy donations, donations for our Specialty raffle, donations and participation at our raffle for our Annual Bichon Day In the Park (fundraiser for rescue Bichons) even if you are unable to attend? _____

10. Have you read the Constitution and Bylaws of the BFCNC located on our website, www.BFCNC.net, and the Rules of the American Kennel Club? Are you willing to abide by these rules and bylaws? _____

I hereby certify that the above information is accurate. I understand the goals of the Bichon Frise Club of Northern California, I am in agreement and I will uphold these goals to the best of my ability.

Applicant Signature

Applicant Signature

Date

Date

Please mail this application to the Treasurer with your dues (\$40 Individual or \$50 Family).
Mail to:

Donna DeMartini, Treasurer 11475 Round House Court Gold River, CA 95670

Contact Information: 916 847-0151 donnademar31@comcast.net

Please list the names and addresses of two members in good standing who have agreed to sponsor your application.

Name: _____

Name: _____

Address: _____

Address: _____

Email Address _____

Email Address _____

Phone Number _____

Phone Number _____

Sponsor Signature: _____

Sponsor Signature: _____
